

***SAMPLE FORMAT FOR LETTER TO REQUEST SPECIAL CIRCUMSTANCE
PASS (SCP) FOR ONE YEAR***

Colonel James E. Miner
Commander, 88th Mission Support Group

Dear Colonel Miner,

I am writing this letter on behalf of my mother, Mrs. Jane A. Doe, who is the widow of MSgt (RETDEC) John B. Doe.

My mother is 84 years old and due to health problems that include blindness and severe heart problems, she is no longer able to drive or maneuver on her own. As her daughter and primary caregiver I will be driving her to the base for medical appointments, picking up her prescriptions, and assist her with shopping at the BX and commissary.

Due to the frequency of visits to the base, I am requesting a “one year” Special Circumstance Pass authorizing access to primarily the Wright-Patterson Medical Center, Kittyhawk pharmacy, BX and commissary.

We may at times have my son come along with us as an additional passenger in my vehicle and would like for his name, Mr. Robert Doe, be added to my pass to allow him access on base also.

(Signature of Sponsor and Visitors)
Contact Information: Address and Telephone Numbers

(Require a copy of Sponsor’s ID card – both sides – and Visitors Driver’s License)

(Required supporting documentation if “shopping for sponsor” without their presence – Doctor’s Letter with following required statement: e.g. “Sponsor requires – *name and relationship of visitor if caregiver, relative, neighbor* – to shop for – *sponsor’s name* – care and needs due to the following health condition of the sponsor . . .”) **Please note: must use the words “to shop for”. Authorization will come from Ms. Wanda Bishop in Bldg 70, Area C, who will require the physician’s letter and Sponsor’s ID. Letter will be good for one year and a copy should be placed in file with SCP. Wanda may be reached at 257-7455.**